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Changes to the Regulations for Disease Reporting and Control in Virginia, 2007

Introduction

The Virginia State Board of Health periodically amends its *Regulations for Disease Reporting and Control* as a result of changes to the *Code of Virginia,* changes in state or national disease control policies, the emergence of new diseases, or changes in what is known about existing diseases. A new version of the *Regulations* (available at www.vdh.virginia.gov/epidemiology/Regulations.htm) went into effect on **May 2, 2007**. This issue of the *Virginia Epidemiology Bulletin* reviews the importance of disease reporting in controlling the spread of disease and highlights the changes that are included in the revised *Regulations*.

Disease Reporting

Timely and accurate communicable disease reporting in Virginia enables local health departments to:

- Keep healthcare professionals up-to-date on local health issues;
- Detect outbreaks;
- Implement disease control activities;
- Identify trends that may require shifting local program activities;
- Assess the effectiveness of community interventions; and,
- Identify new and emerging risk factors for illness.

The Virginia Department of Health's (VDH) Office of Epidemiology collects local health department data to carry out statewide surveillance. These data also contribute to national weekly surveillance activities by the Centers for Disease Control and Prevention (CDC). Therefore, disease surveillance directly impacts the public health at many levels, and as a result the Commonwealth of Virginia has adopted specific rules related to disease reporting.

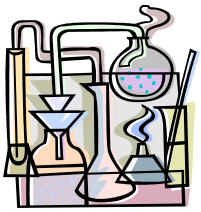
Regulations for Disease Reporting and Control

Virginia's *Regulations for Disease Reporting and Control* state the requirements for notifying local health departments of a case or cases of disease.

Briefly, all physicians, directors of medical care facilities, and directors of laboratories must report any individuals **known or suspected** of having certain diseases or conditions (see page 3). In addition, persons in charge of schools, camps, and daycare centers are required to report outbreaks of disease. Reports should be made to the local health department serving the city or county where the practice, facility, or laboratory is located.

Most notifiable conditions must be reported to the local health department **within three days** of suspicion or confirmation. Reports can be submit-

ted through the mail or by fax. Some conditions are **"Rapidly Reportable."** These must be reported immediately (within 24 hours) by the most rapid means available (e.g., telephone) followed by submission of a report by mail or by fax. However, the health department is also interested in learning about ANY known or suspected outbreaks immediately, even for conditions that are not on the reportable disease list. Note that a patient's consent is NOT needed for reporting conditions of public health importance.



What's New in the *Regulations*

Reportable Disease List

Additions to the Reportable Disease List in the May 2007 revision of the *Regulations* include:

- **Influenza associated deaths in children <18 years of age.** Influenza deaths in children are unusual and may be indicative of a severe strain circulating in the population.
- **Yersiniosis.** This foodborne disease causes severe illness, especially in infants.
- **Typhoid fever.** This condition already required public health notification. It is now incorporated into the list of rapidly reportable conditions.

No diseases were removed from the list of reportable diseases during this revision of the regulations.

In addition, the May 2007 *Regulations* now require the inclusion of contact information for the physician and facility in reports to local health departments. The *Regulations* also require that pregnancy status (for females) is provided for any notifiable condition (previously, this was required only for hepatitis B). Pregnancy status is to be reported only if it is available; no additional tests or data collection related to pregnancy status are required.

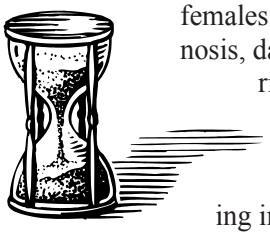
Changes for Laboratories

Laboratories have an important role in identifying diseases of public health importance. In the May 2007 revision of the *Regulations,* the list of conditions where laboratories must report any positive findings has been expanded to include:

- **Hantavirus pulmonary syndrome**;
- **Toxic substance-related illness**;
- **Yersiniosis**, and;
- **Typhoid fever** (previously reportable as a *Salmonella* infection, typhoid fever is now listed separately).

In addition, laboratories must report CD4 counts and HIV viral load test results. As a result, additional follow-up may occur with physicians' offices due to enhanced surveillance efforts. This modification will improve HIV reporting timeliness, and will allow Virginia to more accurately measure HIV care services. Accurate case counts are also important since federal funding for care dollars is largely determined by reported cases. Strict confidentiality provisions will continue to protect this information.

Finally, the requirement for reporting susceptibility results for cultures positive for any member of the *Mycobacterium tuberculosis* complex has been revised. The May 2007 *Regulations* require that any laboratory that identifies *M. tuberculosis* complex must submit a representative and viable sample of the initial culture to the Division of Consolidated Laboratory Services (DCLS; state laboratory) or other laboratory designated by the Board. Laboratories should note that recent changes in the *Code of Virginia* (§ 32.1-50) no longer allow submission of *M. tuberculosis* isolate susceptibility results as an alternative to submitting a sample of the initial culture to DCLS.



Other Changes

The May 2007 revision finalizes the emergency regulations on isolation and quarantine required by the *Code of Virginia* (summarized in the December 2004 *Virginia Epidemiology Bulletin*).

Other changes to the *Regulations* occurred, but were not substantive. For example, alterations in terminology were made to reflect current scientific usage and provide clarification. This included updating the definition for Sudden Acute Respiratory Syndrome (SARS) to clarify that the syndrome is associated with coronavirus infection, and changing from "*Escherichia coli* O157:H7 and other enterohemorrhagic *E. coli* infections" to "*Escherichia coli* infection, Shiga toxin-producing." Details on these changes are available in the *Regulations*.

How to Report

Reporting is usually accomplished by completing a Confidential Morbidity Report form (also known as an Epi-1 form)—copies are available from local health departments. These are then mailed or faxed to the local health department. However, laboratories often use their own forms for reporting. In addition, a computer generated printout containing the data requested on the Epi-1 form, or a CDC surveillance form that provides the same information, are also acceptable.

Initial disease reports must include as much of the following as is known:

- Case's name, address, age, date of birth, sex, and race/ethnicity;
- Disease or condition that has been diagnosed or is suspected;
- Date of disease onset;
- Attending physician's name, address, and phone number;
- Name and phone number of person making the report;
- Hospital admission information (if applicable);
- Pertinent laboratory results and specimen information; and,
- Other information that may be of public health importance [e.g., social security number, pregnancy status of females (if available), date of diagnosis, date of death (if applicable), risk factors, vaccine history, signs/symptoms, treatment, etc.]. Additional elements are required when reporting individuals with confirmed or suspected active tuberculosis disease.

Note that influenza reporting for healthcare professionals only requires the number of cases by week, and type (if available); however, laboratories must report individual cases.

Finally, while the electronic reporting of cancer is preferred, a standardized

Virginia Reportable Disease List

Reporting of the following diseases is required by state law (Section 32.1-36 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health *Regulations for Disease Reporting and Control* - www.vdh.virginia.gov/epi/regs.asp). Report all conditions to your city/county health department. Those listed in ALL CAPITALS must be reported within 24 hours of suspected or confirmed diagnosis by the most rapid means available and all others reported on an Epi-1 form within three days of suspected or confirmed diagnosis.

- Acquired immunodeficiency syndrome (AIDS)
- Amebiasis
- T ANTHRAX
- Arboviral infection (e.g., EEE, LAC, SLE, WNV)
- BOTULISM
- BRUCELLOSIS
- Campylobacteriosis
- Chancroid
- Chickenpox (Varicella)
- *Chlamydia trachomatis* infection
- CHOLERA
- Creutzfeldt-Jakob disease if <55 years of age
- Cryptosporidiosis
- Cyclosporiasis
- T DIPHTHERIA
- DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON
- Ehrlichiosis
- T *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis
- Gonorrhea
- Granuloma inguinale
- T *HAEMOPHILUS INFLUENZAE* INFECTION, INVASIVE
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome (HUS)
- HEPATITIS A
- Hepatitis B (acute and chronic)
- Hepatitis C (acute and chronic)
- Hepatitis, other acute viral
- Human immunodeficiency virus (HIV) infection
- # Influenza
- INFLUENZA-ASSOCIATED DEATHS IN CHILDREN <18 YEARS OF AGE
- Kawasaki syndrome
- Lead - elevated blood levels
- Legionellosis
- Leprosy (Hansen's disease)
- T Listeriosis
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- MEASLES (Rubeola)
- T MENINGOCOCCAL DISEASE
- MONKEYPOX
- Mumps
- Ophthalmia neonatorum
- OUTBREAKS, ALL (including, but not limited to, foodborne, nosocomial, occupational, toxic substance-related and waterborne)
- T PERTUSSIS
- T PLAGUE
- T POLIOMYELITIS
- PSITTACOSIS
- Q FEVER
- RABIES, HUMAN AND ANIMAL
- Rabies treatment, post-exposure
- Rocky Mountain spotted fever
- RUBELLA, including congenital rubella syndrome
- T Salmonellosis
- SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
- T Shigellosis
- SMALLPOX (Variola)
- T Streptococcal disease, Group A, invasive
- *Streptococcus pneumoniae* infection, invasive, in children <5 years of age
- Syphilis (report PRIMARY and SECONDARY syphilis by rapid means)
- Tetanus
- Toxic shock syndrome
- Toxic substance-related illness
- Trichinosis (Trichinellosis)
- T TUBERCULOSIS, ACTIVE DISEASE (MYCOBACTERIA ~)
- Tuberculosis infection in children <4 years of age
- TULAREMIA
- TYPHOID FEVER
- UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN
- VACCINIA, DISEASE OR ADVERSE EVENT
- Vancomycin-intermediate or vancomycin-resistant *Staphylococcus aureus* infection
- VIBRIO INFECTION
- VIRAL HEMORRHAGIC FEVER
- YELLOW FEVER
- T Yersiniosis

These conditions are reportable by directors of laboratories. In addition, these and all other conditions are reportable by physicians and directors of medical care facilities.

T A laboratory identifying evidence of these conditions shall notify the health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS).

Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known).

~ A laboratory identifying Mycobacterium tuberculosis complex shall submit a representative and viable sample of the initial culture to DCLS or other laboratory designated by the Board to receive such specimen.

Note: Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 for information.

Cases of Selected Notifiable Diseases Reported in Virginia*

Disease	Total Cases Reported, March 2007						Total Cases Reported Statewide, January - March		
	State	Regions					This Year	Last Year	5 Yr Avg
		NW	N	SW	C	E			
AIDS	45	5	14	0	5	21	92	107	153
Campylobacteriosis	30	9	9	8	3	1	90	78	78
Chickenpox	183	38	16	41	12	76	197	388	155
***E. coli,* Shiga toxin-producing**	10	6	3	0	1	0	23	9	4
Giardiasis	35	15	8	6	5	1	91	92	71
Gonorrhea	749	47	24	86	264	328	1,471	1,707	2,141
Group A Strep, Invasive	28	5	3	8	4	8	45	23	20
Hepatitis, Viral									
A	7	0	4	2	1	0	17	15	18
B, acute	8	4	0	1	2	1	26	6	30
C, acute	1	0	0	1	0	0	2	1	2
HIV Infection	56	6	19	0	10	21	152	213	193
Lead in Children†	37	3	2	11	10	11	89	104	99
Legionellosis	0	0	0	0	0	0	3	7	4
Lyme Disease	27	5	18	1	1	2	60	0	6
Measles	0	0	0	0	0	0	0	0	0
Meningococcal Infection	0	0	0	0	0	0	2	8	6
Pertussis	8	3	0	3	0	2	26	42	34
Rabies in Animals	52	20	7	7	4	14	132	142	121
Rocky Mountain Spotted Fever	2	0	0	2	0	0	6	2	1
Rubella	0	0	0	0	0	0	0	0	0
Salmonellosis	45	8	12	14	6	5	150	123	130
Shigellosis	8	1	5	0	2	0	15	10	75
Syphilis, Early§	25	1	10	2	3	9	95	84	44
Tuberculosis	15	0	7	2	2	4	37	49	43

Localities Reporting Animal Rabies This Month: Appomattox 1 skunk; Arlington 1 raccoon; Augusta 1 raccoon, 1 skunk; Campbell 1 skunk; Caroline 1 skunk; Clarke 2 raccoons; Culpeper 1 raccoon; Dinwiddie 1 skunk; Fairfax 1 raccoon; Fauquier 1 raccoon; Floyd 1 skunk; Goochland 1 fox; Greene 1 skunk; Hanover 1 raccoon, 1 skunk; Isle of Wight 1 skunk; James City 1 skunk; King & Queen 1 raccoon; King William 1 raccoon; Loudoun 2 raccoons, 1 skunk; Louisa 1 raccoon; Lynchburg 1 skunk; Nelson 1 skunk; Norfolk 1 raccoon; Northampton 1 raccoon; Orange 1 raccoon; Prince William 1 raccoon, 1 skunk; Roanoke 1 skunk; Roanoke City 1 fox; Rockbridge 1 cow, 1 raccoon; Rockingham 1 cow, 1 skunk; Spotsylvania 2 skunks; Stafford 1 raccoon; Tazewell 1 raccoon; Virginia Beach 5 raccoons; Warren 1 skunk; Westmoreland 1 raccoon; Williamsburg 1 fox; York 1 raccoon.

Toxic Substance-related Illnesses: Adult Lead Exposure 13; Mercury Exposure 1; Methemoglobin 1; Pneumoconiosis 4.

*Data for 2007 are provisional. †Elevated blood lead levels ≥10µg/dL. §Includes primary, secondary, and early latent.

form known as the Virginia Cancer Registry Reporting Form is available from the Virginia Cancer Registry or online at www.vdh.virginia.gov/epidemiology/documents/pdf/cancerfm.pdf.

Penalties

Timely and accurate reporting is a professional responsibility. Laboratory reporting of a particular disease does not relieve the physician of this responsibility, especially since there may be clinical data or contact information that is not available from laboratories.

In general, most conditions that need to be reported are rare, and it is expected that the value of reporting is greater than the burden on healthcare professionals. Disease reporting is considered important enough that the *Code of Virginia* specifies penalties for not complying with Board of Health regulations. Specifically, failure to comply with a health regulation is considered a Class 1 misdemeanor and may result in fines and/or incarceration.

Conclusions

Timely reporting of conditions of public health importance is necessary to maintain the best possible overall health of individuals and communities. For more information on disease reporting and control as well as to receive additional reporting forms, please contact your local health department (www.vdh.virginia.gov/lhd/).

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